

**WNY Fall Symposium Registration 2003  
and Membership Application for the WNY Branch of the ASM**

Please check one:                      \_\_\_\_\_ Regular member \$20 (\$15.00 dues + 5.00 symposium)  
   \_\_\_\_\_ Student or Emeritus member \$13 (\$8.00 dues + 5.00 symp.)  
   \_\_\_\_\_ Sustaining member (\$250.00)  
   \_\_\_\_\_ Non-member (\$25.00)

**Membership Application**

Name \_\_\_\_\_ Degree(s) \_\_\_\_\_

Professional title \_\_\_\_\_

Affiliated Institution \_\_\_\_\_

Mailing address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business/home (please circle) phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Current membership in National ASM:    \_\_\_\_\_ Yes    \_\_\_ No

**Non-member Reservation**

Dinner reservation for (name): \_\_\_\_\_

**Entree selections (choose one)**

\_\_\_\_\_ Chicken Riviera, with spinach, ham and cheese topped with marsala mushrooms

\_\_\_\_\_ New York Strip Steak charbroiled and served over garlic toast

\_\_\_\_\_ Filet of Sole, with crab, asparagus and cheddar cheese

Entree selections served with fresh fruit, salad, potato, vegetable, rolls and butter, coffee, and ice cream. Please contact Elaine Haase for special dietary restrictions. Cash bar available.

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Please complete the form and mail or fax to the Branch Secretary/Treasurer, WNY ASM:

Elaine Haase, Ph.D.  
University at Buffalo, SUNY  
Oral Biology, 109 Foster Hall  
3435 Main St.  
Buffalo, NY 14214

**CME credit:**    yes    ☐    no    ☐

**Deadline** for reservations is Tuesday, November 4, 2003. **Reservations may be made by phone or fax, but payment must be received prior to meeting.**

**Contact:**

**Elaine Haase:** Phone no. 716-829-3373; Fax 716-829-3942.

or

**Diane Dryja:** Phone no. 716-626-7200, ext. 8065; Fax 716-633-2361.

Make check payable to: **WNY/ASM.**

**Registration fee is to be paid by all attendees regardless of whether staying for dinner.**